

8-4-3

RCE #38
PATENT #31
Reg for R.C.F.
S. Bryce
8/7/03



Serial No. 09/186810

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Applicant: Carlyle, et al. Examiner: Paul Prebilic
Serial No.: 09/186810 Group Art Unit: 3738
Filed: November 5, 1998 Docket No.: 01610.0053-US-11
Title: MEDICAL DEVICES WITH ASSOCIATED GROWTH FACTORS

CERTIFICATE UNDER 37 C.F.R. 1.10:
'Express Mail' mailing number: EV 314775812 US
Date of Deposit: August 1, 2003
The undersigned hereby certifies that this Transmittal Letter and the paper or fee, as described herein, are being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Commissioner for Patents, Alexandria, VA 22313-1450.
By: B. L. L.
Bernadette Luhman

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
AUG 06 2003

TECHNOLOGY CENTER R3700

1. This is a request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
2. The following are submitted under 37 C.F.R. §1.114.
 - a. ☐ Previously Submitted
 - ☐ Amendment/Reply under 37 C.F.R. §1.116 previously filed on
 - ☐ Appeal Brief previously filed on
 - ☐ Reply Brief previously filed on
 - ☐ Other
 - b. ☒ Enclosed
 - ☒ Amendment/Reply
 - ☐ Affidavit(s)/Declaration(s)
 - ☐ Information Disclosure Statement
 - ☒ Petition for Extension of Time
 - ☐ Other
3. Miscellaneous
 - a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months.
 - b. ☐ Other

4. Fees

a. ☒ Check(s) for required fees

1. ☒ Check in the amount of \$750.00 for RCE filing fee.
2. ☐ Check in the amount of _____ for request for suspension of action
3. ☒ Check in the amount of \$110.00 for an Extension of Time

b. ☐ The Commissioner is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account number 50-1038.

1. ☐ The RCE filing fee.
2. ☐ The request for suspension of action
3. ☐ The Extension of Time for _____ months

c. ☐ Payment is made via credit card. (Form PTO-2038 is enclosed)

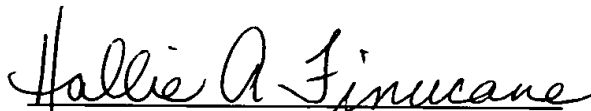
Authorization is hereby given to charge any additional fees or credit any overpayments that may be deemed necessary to Deposit Account Number 50-1038.

Respectfully submitted,

Altera Law Group, LLC
Customer Number 22865

Date: August 1, 2003

By:



Hallie A. Finucane
Reg. No. 33,172
HAF/mar